



**COVID-19 Outbreak Control and Prevention State Cell**

**Health & Family Welfare Department**

**Government of Kerala**

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**ADVISORY WITH REGARD TO RE- TESTING OF PATIENTS WHO HAVE BEEN  
CURED OF COVID 19.**

**No 31/ F2/2020/ H&FWD- 19<sup>th</sup> November 2020**

**Background**

It is brought to the notice by the field officers that COVID cured patients are subjected to RTPCR retests after discharge and upon getting positive results confusion prevails regarding the positivity status of the patients.

The following guidelines are issued to clarify certain aspects regarding COVID cured patients.

1. A subset of patients with laboratory-confirmed SARS-CoV-2 infection have been identified to be PCR-positive over prolonged periods of time after infection and clinical recovery.
2. The duration of viral RNA detection by NAAT is variable. Viral RNA shedding has been observed for as long as 104 days from symptom onset in upper respiratory tract specimens. A subset of patients has intermittent negative PCR tests. This occurs when the virus concentration in the sampled material becomes low or is around the detection limit of a test. Intermittent RNA shedding also is described in patients who have recovered.
3. It is important to note that the identification of SARS-CoV-2 RNA through PCR (i.e. viral RNA shedding) does not equate to the presence of viable, infectious virus within a patient. In mild cases replication competent virus cannot be cultured after 10 days and in moderate to severe cases, replication competent virus cannot be cultured after 15 to 20 days from symptom onset. So NAAT positivity beyond this time frame in



asymptomatic recovered patients should not be considered as re-infection within the next 3 months.

### **ROLE OF VIRAL DIAGNOSTIC TESTING IN PATIENTS WHO HAVE BEEN DECLARED CURED OF COVID -19**


1. For persons previously declared cured of COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months of recovery.
2. There are situations where, retesting is being done in asymptomatic patients within 3 months of recovery. The situations include prior to surgery, prior to election duty, prior to dialysis etc. If at all retesting is performed in asymptomatic persons within 3 months of recovery from COVID 19 , the test performed should be rapid antigen test. In case NAAT is done, positivity in an asymptomatic individual who has recovered from COVID 19 should be taken only as RNA shedding and should not be equated with infectivity. **No surgical procedures should be deferred based on a positive NAAT result in an asymptomatic patient who has recovered from COVID 19.**
3. For persons who develop new symptoms consistent with COVID-19 within 3 months of recovery and if an alternative etiology cannot be identified , then the person may warrant retesting especially if the symptoms develop within 14 days after close contact with an infected person. Persons being evaluated for reinfection with SARS-CoV-2 should be isolated under recommended precautions while undergoing evaluation. In such situations, the clinical profile and epidemiological link should be carefully assessed while interpreting a positive NAAT result.



4. Serologic testing should not be used to establish the presence or absence of SARS-CoV 2 infection or re-infection.

## References

1. Duration of isolation and precautions for adults with COVID 19-CDC Oct 2020
2. Reinfection with SARS-CoV 2 :considerations for public health response :  
ECDC

  
Principal Secretary